

Attorney General Task Force to Improve End of Life Care

MINUTES

May 11 2005

PRESENT:

- 1. Susan Miller, Ph.D.**
- 2. Malcolm MacDonald, MD**
- 3. Terry Rochon, RNP.**
- 4. Nicole Palin**
- 5. Tom Wachtel, MD**
- 6. Nelia Silva Odom**
- 7. Ed Martin, MD**
- 8. Jackie Janicki, RN**
- 9. Lisa Welch, Ph.D**
- 10. Rick Harris, LICSW.**
- 11. Linda Winfred**
- 12. Maureen Hebert**
- 13. Sherry Masse**
- 14. Kevin O'Flaherty**
- 15. Maureen Glynn, AAG**

The Attorney General Task Force to Improve End of Life Care (hereinafter "Task Force") met on May 11, 2005 at 9:00 A.M. in the

First Floor Conference Room in Building #73 at the Rhode Island Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI. Maureen Glynn called the meeting to order. The Task Force members and interested persons introduced themselves. The Task Force reviewed and revised the draft minutes to reflect that Susan Miller, Ph.D. was present. The Task Force approved the minutes from the meeting held on March 9, 2005 .

The Rhode Island Foundation awarded a small grant in the amount of \$5,000, which helped defray the costs for the video, handouts, and refreshments. Lisa Welch, Ph.D is the project coordinator for the grant with the assistance of Dr. Miller and Nicole Palin.

The Task Force discussed the April 13, 2005 the “End-of-Life Issues: The Role of Hospice in the Nursing Home” program for medical directors of nursing homes and physicians who admit to nursing homes. The speakers for the program were: Attorney General Patrick Lynch, Edward Martin, M.D., Susan Miller, Ph.D., Jackie Janicki, R.N., Joan Teno, M.D., and David Gifford, M.D., MPH. Attendees received pocket cards and a video per nursing home. Brown Medical School provided 2 hours of category continuing medical education and Rhode Island State Nurses Association (“RISNA”) provided 2 hours of continuing education credit for nurses.

A pre-test and post- test was administered. No respondent answered all the pre-test questions correctly. Sixty-three and 6/10 percent

(63.6%) missed between one and 5 questions and 36.4% missed at least 6 but not more than 10 questions. The average number of incorrect responses was 4.7. The post-test showed improvement. The average number of incorrect responses dropped to 3.2. The respondents missing 6 to 10 questions also decreased to 4.8%. The four questions most often missed were:

- If hospice inpatient bed is available in a nursing home, a hospice-eligible resident can receive either hospice general inpatient care or hospice routine home care;**
- Terminally ill patients residing in nursing homes are eligible for hospice care once they have developed distressing symptoms of demonstrated significant family needs;**
- When a resident (or his/her significant other) elects Medicare hospice, hospice aides begin to provide some of the personal care services usually provided by the nursing home aides; and,**
- Patients receiving dialysis are eligible for hospice services.**

The program evaluations indicated that the program met the expectations for 96% of the respondents and that 96% of the respondents thought the panel discussion met their expectations. The respondents thought the program would impact their practices by the following:

- Better evaluate patients for hospice;**
- Help to communicate more effectively with families;**
- Developed a better understanding of the dynamics of nursing home**

hospice;

- Consider hospice evaluation earlier; and,**
- Better able to explain hospice services**

The Task Force discussed the “End-of-Life Issues: The Role of Hospice in the Nursing Home” program for nursing home administrators, nurses and social workers. The Task Force confirmed that the program would be held at CCRI in Warwick, RI on June 16, 2005 between 2-4 pm. . RISNA agreed to provide 2 hours of continuing education credit for nurses and the National Association of Social Workers-Rhode Island chapter would provide continuing credits for social worker. The Task Force hopes to obtain education credits for nursing home administrators.

The Task Force discussed the method for inviting nursing home administrators, nurses, and social workers to the June 16, 2005 program. Attorney General Lynch will send a letter to the nursing home administrators inviting them and the nursing homes’ nurses and social workers. The agenda and directions will accompany the letter. Attorney General Lynch will also send letters for posting on the following list server: RISNA, Carelink, RIHCA, and NASW-RI. Ana Morel from the Department of Attorney General will maintain the registration list.

The Task Force discussed time allocation for the confirmed speakers: Attorney General Lynch,

Dr. Edward Martin, Dr. Susan Miller, Dr. Joan Teno, Dr. David Gifford, possibly Analee Wulfkuhle, Frank Spinella or John Young from DHS. The Task Force discussed allocating more time for the financial reimbursement discussion and less time on the case studies. The panelists will meet to discuss their presentations. The Task Force suggested permitting person to submit questions in writing.

The Task Force discussed the handouts for the June 30, 2005 program. The participants will receive a pocket card, copies of the PowerPoint presentations, Pre-Test, Post-Test, and Medicare Guidelines. Nursing homes that did not attend the April 13, 2005 program and receive a video will receive a video if it sends a representative to the June 30, 2005 program. The goal is for each nursing home to have a video.

The Task Force discussed concerns that advance directives are not physicians' orders. Thus, physicians need to review and possible revise the physician order, such as DNR, if the patient goes back and forth between the hospital and the nursing home. Although the federal regulation provides for end of life measures, approximately 50% of the nursing homes resident have dementia, which impairs their ability to act on en of life measures.

The Task Force discussed that there appears to be confusion that

comfort measures do not provide life-sustaining treatment and whether regular medications, such as cholesterol limiting drugs, should be given when a patient decides not to be resuscitated. The Task Force discussed that there is no agreement for a statewide form, which would be transferable from facility to facility. The Task Force discussed that DOH may be able to assist in developing such a process and a form.

The next meeting of the Task Force will be at 9:00 A.M., June 30, 2005, First Floor Conference Room, Bldg #73, Rhode Island Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI.